



सैनिक स्कूल सोसाइटी  
SAINIK SCHOOLS SOCIETY

*Self-attested  
Photograph of  
the candidate is  
to be securely  
pasted here.*

**SAINIK SCHOOL \_\_\_\_\_**

**MEDICAL EXAMINATION REPORT**

**PERSONAL STATEMENTS**

1. Name of the candidate in Full (**IN BLOCK LETTERS**): \_\_\_\_\_

2. Name of the Father/Mother /Guardian (**IN BLOCK LETTERS**): \_\_\_\_\_

3. Date of Birth: 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

4. Age: \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

5. Gender (Male/Female): \_\_\_\_\_

6. Blood Group of candidate: \_\_\_\_\_

7. Identification Marks:

(a) \_\_\_\_\_

(b) \_\_\_\_\_

8. Permanent Address: \_\_\_\_\_  
\_\_\_\_\_

9. Allotted date of Medical Examination (as per AISSAC-2024 portal): 

|    |    |      |
|----|----|------|
| DD | MM | YYYY |
|----|----|------|

10. Allotted Place of Medical Examination (as per AISSAC-2024 portal): \_\_\_\_\_  
\_\_\_\_\_

**11. Family Details:**

| Name | Relation       | If, Alive   |        | If, Expired    |               |
|------|----------------|-------------|--------|----------------|---------------|
|      |                | Age (Years) | Health | Cause of Death | Year of Death |
|      | Father         |             |        |                |               |
|      | Mother         |             |        |                |               |
|      | Grandfather    |             |        |                |               |
|      | Grandmother    |             |        |                |               |
|      | Brother/Sister |             |        |                |               |
|      | Brother/Sister |             |        |                |               |
|      | Brother/Sister |             |        |                |               |



14. Have you ever suffered from any of the following?

| Illness                          | Yes or No | If yes, at what age? | Illness                             | Yes or No | If yes, at what age? |
|----------------------------------|-----------|----------------------|-------------------------------------|-----------|----------------------|
| Chronic Bronchitis/Asthma        |           |                      | Discharge from ears                 |           |                      |
| Pleurisy/Tuberculosis            |           |                      | Any other Ear Disease               |           |                      |
| Rheumatism/Frequent sore throats |           |                      | Frequent Cough & cold/Sinusitis     |           |                      |
| Chronic Indigestion              |           |                      | Nervous Breakdown/Mental illness    |           |                      |
| Kidney/Bladder trouble           |           |                      | Fits/Fainting Attacks               |           |                      |
| STD                              |           |                      | Severe Head Injury                  |           |                      |
| Jaundice                         |           |                      | <b>(For Female candidates only)</b> |           |                      |
| Air, Sea, Car, Train Sickness    |           |                      | Breast Disease / Discharge          |           |                      |
| Trachoma                         |           |                      | Amenorrhea / Dysmenorrhea           |           |                      |
| Night Blindness                  |           |                      | Menorrhagia                         |           |                      |
| Laser Treatment/surgery for Eye  |           |                      | Pregnancy                           |           |                      |
| Any other Eye disease            |           |                      | Abortion                            |           |                      |

15. Have you ever been admitted for any illness, operation or injury? If so, state the nature of disease and duration of stay in hospital.

| S No | Nature of Disease (in brief) | Duration of Stay in Hospital |
|------|------------------------------|------------------------------|
|      |                              |                              |
|      |                              |                              |
|      |                              |                              |
|      |                              |                              |
|      |                              |                              |

16. Any other information you want to give about your health.....  
 .....  
 .....  
 .....

17. **Details of Vaccinations (attach vaccination card for reference): -**

| Recommended Age   | Vaccine  | Dose                    | Yes/No | If Yes, Date of Vaccination |
|---|--|-------------------------|--------|-----------------------------|
| Birth   | BCG  | Single Dose             |        |                             |
|   | OPV  | Zero Dose               |        |                             |
|   | Hep B  | Birth Dose              |        |                             |
| 6 Weeks   | (DTaP + Hib + IPV) + Hep B<br>or<br>(DTwP + Hib + Hep B) + OPV                               | 1 <sup>st</sup> Dose    |        |                             |
|   | PCV (Pneumococcal Conjugate)   | 1 <sup>st</sup> Dose    |        |                             |
| 10 Weeks  | (DTaP + Hib + IPV) + Hep B<br>or<br>(DTwP + Hib + Hep B) + OPV                               | 2 <sup>nd</sup> Dose    |        |                             |
|   | PCV (Pneumococcal Conjugate)   | 2 <sup>nd</sup> Dose    |        |                             |
|   | Rotavirus (Rotarix)  | 2 <sup>nd</sup> Dose    |        |                             |
| 14 Weeks  | (DTaP + Hib + IPV) + Hep B<br>or<br>(DTwP + Hib + Hep B) + OPV                               | 3 <sup>rd</sup> Dose    |        |                             |
|   | PCV (Pneumococcal Conjugate)   | 3 <sup>rd</sup> Dose    |        |                             |
| 9 Months  | Measles, OPV, JE-1, Vitamin A  | 1 <sup>st</sup> Dose    |        |                             |
| 12 Months   | Hepatitis A  | 1 <sup>st</sup> Dose    |        |                             |
| 15 Months   | MMR (Measles + Mumps + Rubella)  | 1 <sup>st</sup> Dose    |        |                             |
|   | Varicella (Chicken Pox)  | 1 <sup>st</sup> Booster |        |                             |
|   | PCV (Pneumococcal Conjugate)   | 1 <sup>st</sup> Booster |        |                             |
| 16-18 Months  | DTaP + Hib + IVP<br>or<br>(DTwP + Hib) + OPV   | 1 <sup>st</sup> Booster |        |                             |
|   | JE – 2   | 2 <sup>nd</sup> Dose    |        |                             |
|   | Vitamin A (2 <sup>nd</sup> to 9 <sup>th</sup> Dose, every 6 months up to the age of 5 years) | 2 <sup>nd</sup> Dose    |        |                             |
| 18 Months   | Hepatitis A  | 2 <sup>nd</sup>         |        |                             |
| 2 Years   | Typhoid  | 1 <sup>st</sup>         |        |                             |
| 4 ½ -5 Years  | Dtap / DTwP / OPV  | 2 <sup>nd</sup> Booster |        |                             |
|   | MMR  | 2 <sup>nd</sup> Booster |        |                             |
|   | Varicella  | 2 <sup>nd</sup> Booster |        |                             |
|   | Typhoid  | 2 <sup>nd</sup> Booster |        |                             |
| 10-12 Years   | Tda / Td   | 3 Doses                 |        |                             |
|   | HPV (0, 1 & 6) for girls   | 3 Doses                 |        |                             |
| <b>Any Other Vaccination given, not mentioned above</b> |  |                         |        |                             |
|   |  |                         |        |                             |
|   |  |                         |        |                             |
|   |  |                         |        |                             |
|   |  |                         |        |                             |

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18. **Declaration.** I here by declare that I have provided all details to the best of my knowledge about my family and personal health and that the information given is true to the best of my knowledge. If any of the information provided is found to be wrong, the candidature of my ward will be forfeited at any stage even after admission in Sainik School\_\_\_\_\_.

Signature of Candidate:.....

Name of Candidate: .....

AISSEE-2024 Application No: .....

Signature of Father/Mother/Guardian: .....

Name of Father/Mother/Guardian: .....

Date:.....

**MEDICAL EXAMINATION FORM**

**1. MEDICINE**

|   |            |                              |  |             |
|---|------------|------------------------------|--|-------------|
| (a) Height without shoes _____ CMs  |            | (b) Weight (actual) _____ Kg |  |             |
| (c) Urine Examination   | Appearance | Albumin                      | Sugar                                    | Sp. Gravity |
| (d) Blood Examination   | (i) Hb gm% |                              | (ii) Any other investigation carried out |             |
| (e) Physique  |            |                              |  |             |
| (f) Skin  |            |                              |  |             |
| (g) Abdomen (Liver & Spleen)  |            |                              |  |             |
| (h) Cardiovascular System (Heart Size, Sounds, Rhythm, Arterial Walls, Pulse Rate and BP) |            |                              |  |             |
| (i) Respiratory System (including X-ray examination when applicable)                      |            |                              | Chest measurements                       |             |
|   |            |                              | Full Expiration - _____ Cms              |             |
|   |            |                              | Range of expansion _____ Cms             |             |
| (j) Central Nervous System  |            |                              | Self-Balancing                           |             |
|   |            |                              | R  |             |
|   |            |                              | L  |             |
| (k) Speech, Mental capacity & Emotional stability   |            |                              |  |             |
| (l) Endocrine conditions  |            |                              |  |             |
| (m) Any other abnormalities or conditions affecting physical capacity not already noted   |            |                              |  |             |

**Note :- As per Sainik Schools Society Rules and Regulations 1997, no standards of height, weight and chest measurement will be applicable at the time of admission for Sainik Schools**

| <b>It is certified that:-</b> |   |  |
|-------------------------------|---|--|
| <b>S No</b>                   | <b>Test</b>   | <b>Remarks of Medical Specialist</b>   |
| 1.                            | There is no evidence of weak constitution imperfect development, serious malformation, or obesity   | _____                                  |
| 2.                            | There is no malformation of the head, deformity from fracture or depression of the boned of the skull   | _____                                  |
| 3.                            | There is no sign of functional or organic disease of the heart and blood vessels.   | _____                                  |
| 4.                            | There is no evidence of pulmonary tuberculosis or previous history of this disease or any other chronic disease of the lungs  | _____                                  |
| 5.                            | There is no fistula and/or fissure of the anus of evidence of hemorrhoids   | _____                                  |
| 6.                            | There is no disease of the kidneys. All cases of Glycosuria and Albuminuria will be rejected  | _____                                  |
| 7.                            | There is no disease of the skin unless temporary or trivial. Scars which by their extent or position cause or are likely to cause disability or marked disfigurement are a cause for rejection. | _____                                  |
| 8.                            | There is no active latent or congenital venereal disease.   | _____                                  |
| 9.                            | There is no history or evidence of mental disease of the candidate or his family. Candidates suffering from epilepsy, incontinence of urine or enuresis will not be accepted.                   | _____                                  |
| 10.                           | There is no impediment of speech  | _____                                  |
| <b>Remarks</b>                |   |  |
|                               |   |  |
| <b>Date</b>                   |   | <b>Signature of Medical Specialist</b> |

**2. SURGERY: -**

|   |
|---|
| (a) Upper Limbs (Fingers, hand wrists, elbows, shoulder girdles, cervical and dorsal vertebrae) |
| (b) Lower Limbs (Hallux valgus rigidus, flat feet, joints, pelvis) & Gait                       |
| (c) Lumbar and sacral vertebrae, coccyx and varicose veins                                      |
| (d) Genito-urinary and perineum (Hydrocele, varicocele, undescended testes and haemorrhoids)    |
| (e) Hernia & Muscle   |
| (f) Breast  |

| It is certified that :- |  |                               |
|-------------------------|--|-------------------------------|
| S No                    | Test   | Remarks of Surgery Specialist |
| 1.                      | <p><b>Flat Feet:</b> - The candidate is passing the Flat Feet test as per the examination mentioned below:-</p> <p>(a) <b>Method of examination.</b></p> <p>(i) The candidate will be examined bare footed standing erect and the presence or absence of normal arch of the feet should be noted.</p> <p>(ii) Candidate should be asked to stand on toes with the feet and heels kept separated and the restoration or otherwise of the arch noted.</p> <p>(iii) Candidate should be made to skip on forefoot and the suppleness and springiness of the feet observed. Tarsal joints will be examined for suppleness or movements.</p> <p>(b) <b>Acceptable for admission.</b></p> <p>(i) Milder degrees of flat foot where the arches of the feet are restored on standing on toes, with supple and painless feet should not be a bar to acceptance.</p> <p>(ii) Degrees of flat foot where the arch does not re-appear on standing on toes and where the feet are rigid should be a permanent cause for rejection.</p> |                               |



|  |   |       |
|--|---|-------|
| <p>2.</p>  | <p><b>Knock Knee.</b> The candidate is passing the Knock Knee test as per the examination mentioned below: -</p> <p><b>(a) <u>Method of Examination.</u></b></p> <p>(i) The candidates will be examined standing erect.</p> <p>(ii) The knee joints will be kept fully extended with feet parallel and the patella facing directly forward.</p> <p>(iii) The distance between the medial malleoli will be measured with medical femoral condyles touching each other.</p> <p>(iv) Any associated deformity of the feet or hipogonure curvatum will be looked for at the same time.</p> <p><b>(b)</b></p> <p>(i) Milder degree of knock knee when the distance between the malleoli is not more than two inches will not be a bar to acceptance provided there is no other associated disability. This will be considered as a minor disability and recorded as such. The candidates should be able to stand to attention with shoes or boots without flexing over lapping of either knee.</p> <p>(ii) Marked degrees of knock knee with the distance between the malleoli more than two inches will be unfit for acceptance.</p> <p>(iii) If a candidate is able to stand to attention without flexion of knees irrespective of any intermalleolar measurements, such candidates can safely be declared as fit.</p> | <hr/> |
| <p>3.</p>  | <p>There is normal development or impairment of function of the bones or joints: X ray spine will be taken to find out mal development.</p>   | <hr/> |
| <p>4.</p>  | <p>There is no enlarged gland due to tubercular or due to other disease in the neck and other parts of the body and that the thyroid glands are normal.</p>   | <hr/> |
| <p><b>Note: Scars of operation are not cause of rejection provided that there has been no active disease within THE PRECEDING FIVE YEARS AND THE CHEST IS CLINICALLY AND RADIOLOGICALLY CLEAR.</b></p> |   |       |
| <p>5.</p>  | <p>There is no evidence of any disease of the digestive system including any abnormality of the liver and spleen and the reisoabdominal tenderness or palpation.</p>  | <hr/> |

|  |  |       |
|--|--|-------|
| 6.   | Inguinalhernia (unoperated) ortendencythereto will be a cause for rejection  | _____ |
| <b>Note: In the case of candidates who have been operated for hernia, they may be declared fit provided.</b> |  |       |
|  | (i) One year has elapsed since the operation<br>(Documentary proof is to be furnished by the candidate)  | _____ |
|  | (ii) general tone of the abdominal musculature is good; and  | _____ |
|  | (iii)there has been no recurrence of the hernia or complication connected with the operation   | _____ |
| 7.   | There is no hydrocele or definite varicocele or any other disease or defect of the genital organs.   | _____ |
| <b>Note:</b>   |  |       |
|  | <b>(i) A Candidate who has been operated for a hydrocele will be accepted if there are no abnormalities of the cord and testicle and there is no evidence of filariasis:</b>   |       |
|  | <b>(ii) Undescended intra-abdominal testicle on the one side should not be a bar to acceptance or candidates of admission to Sainik School provided the other testicle is normal and there is no untoward physical orpsychological effect due to the anomaly. Undescended testis retained in the inguinal canal or at the external abdominal rind however may be a bar to acceptance unless corrected by operation</b> |       |
| 8.   | There is no fistula and / or fissure of the anus of evidence of hemorrhoids.   | _____ |
| <b>Remarks</b>   |  |       |
| <b>Date</b>  | <b>Signature of Surgery Specialist</b>   |       |

**3. EYE:-**

|  |             |     |                       |   |               |        |
|--|-------------|-----|-----------------------|---|---------------|--------|
| (a) Distant Vision   | R           | L   | (b) Near Vision       | R | L             | (c) CP |
| Without Glasses  |             |     | Without Glasses       |   |               |        |
| With Glasses   |             |     | With Glasses          |   |               |        |
| (c) Any evidence of Trachoma/its complications or any other disease. |             |     |                       |   |               |        |
| (d) Binocular Vision & Grade   |             |     |                       |   |               |        |
| <b>SPECIAL EXAMINATION WHEN APPLICABLE</b>                           |             |     |                       |   |               |        |
| Manifest Hypermetropia, Myopia R& L                                  |             |     | Cover Test            |   |               |        |
| Diaphragm Test (PD Moddcox Wing Test)                                |             |     | Fundi & Media         |   |               |        |
| Fields   |             |     | Night Visual Capacity |   |               |        |
| C  | Convergence | Cms | R                     | } | Accommodation |        |
| SC   |             | Cms | L                     |   |               |        |

| <b>It is certified that: -</b> |   |                           |
|--------------------------------|---|---------------------------|
| S No                           | Test  | Remarks of Eye Specialist |
| 1.                             | <p><b>Candidate is having the eyes Standards as mentioned below for Sainik Schools:</b></p> <p>Standard –I 6/6 &amp; 6/6<br/>                 Standard –II Uncorrected VA 6/18 &amp; 6/18<br/>                 BCVA. 6/6 &amp; 6/6<br/>                 Myopia ≤ -1.25 D Sph, including max astigmatism ≤ +/- 0.5 D Cyl<br/>                 Hypermetropia ≤ +1.25 D Suh, including max astigmatism ≤ +/- 0.5 D Cyl<br/>                 LASIK &amp; equivalent not permitted.<br/>                 Colour vision - CP II</p> | _____                     |
| 2.                             | <p>There is no squint or morbid condition of the eye of the lids which is liable to a risk of aggravation or recurrence;and</p>   | _____                     |
| 3.                             | <p>There is no active trachoma or its complication and sequela.</p>   | _____                     |
| <b>Remarks</b>                 |   |                           |
| Date: _____                    |   |                           |
| Signature of Eye Specialist    |   |                           |

**4. EAR, NOSE & THROAT:**

|  |     |     |      |
|--|-----|-----|------|
| (a) Ear  |     |     |      |
| (i) Hearing  | R   | L   | Both |
| FW   | Cms | Cms | Cms  |
| CV   |     |     |      |
| (ii) External Ear (wax)                                | R   | L   |      |
| (iii) Middle ear (Tympanic Membrane & Eustachian Tube) |     |     |      |
| (iv) Inner Ear (Cochlea & Vestibular Apparatus)        |     |     |      |
| (v) Audiometry Record (Special exam when applicable)   |     |     |      |
| (b) Nose   |     |     |      |
| (c) Throat   |     |     |      |

| <b>It is certified that: -</b>   |   |                                  |
|--|---|----------------------------------|
| <b>S No</b>  | <b>Test</b>   | <b>Remarks of ENT Specialist</b> |
| 1.   | <p>The candidate passing the hearing test mentioned below:-</p> <p>Hearing will be tested by speech-test. Where required audiometric records will also be taken.</p> <p><b>Speechttest.</b> The candidate should be able to hear forced whisper with each ear separately standing with his back to the examiner at a distance of 610 cms, in a reasonable quiet room. The examiner should whisper with the residual air, at the end of an ordinary expiration.</p> <p><b>Audiometric Records.</b> The Candidate will have no loss of hearing in either ear at frequency 128 to 4096 cycles per second (Audiometry reading between +10 and -10).</p> | _____                            |
| 2.   | <p>There is no impaired hearing, discharge from or disease in either ear, unhealed perforation of the tympanic membranes or signs of acute or chronic suppurative otitis-media or evidence of radical or modified radical mastoid operation</p>   | _____                            |
| <p><b>Note: A soundly healed perforation without any impairment of the mobility of the Drum and without impairment of hearing should not be a bar to acceptance.</b></p> |   |                                  |
| 3.   | <p>There is no disease of the bones or cartilages of the nose or nasal polypus or disease of the nasopharynx and accessory sinuses.</p>   | _____                            |

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|---|--|--|
| 4.  | There is no enlarged gland due to tubercular or due to other disease in the neck and other parts of the body and that the thyroid glands are normal. |  |
| <b>Note: Scars of operation are not cause of rejection provided that there has been no active disease within THE PRECEDING FIVE YEARS AND THE CHEST IS CLINICALLY AND RADIOLOGICALLY CLEAR.</b> |  |  |
| 5.  | There is no disease of the throat palate, tonsils or gums or any disease or injury affecting the normal function of either mandibular joint.         |  |
| <b>Note: Simple hypertrophy of the tonsils, if there is no history of attacks of tonsillitis is not a cause for rejection.</b>  |  |  |
| <b>Remarks</b>  |  |  |
| Date: <span style="float: right;">Signature of ENT Specialist</span>  |  |  |

**5. DENTAL**

|                           |  |                     |
|---------------------------|--|---------------------|
| (a) Total No of Teeth     | Missing / Unsavaeable Teeth  |                     |
| (b) Total Defective Teeth | U. R. 8 7 6 5 4 3 2 1  | 1 2 3 4 5 6 7 8 U.L |
| (c) Total Dental Points   | L. R. 8 7 6 5 4 3 2 1  | 1 2 3 4 5 6 7 8 L.L |
| (d) Condition of Gums     | Missing teeth to be indicated by Horizontal line ( __ ) and Un savaeable Teeth by a Cross (X) through the appropriate number |                     |

**It is certified that: -**

| S No | Test   | Remarks of Dental Surgeon |
|------|--|---------------------------|
| 1.   | <p>Dental condition of the candidate is as per the standard mentioned below: -</p> <p><b>Dental Conditions.</b> It should be ensured that a sufficient number of natural and sound teeth are present for efficient mastication.</p> <p>(a) A Candidate must have minimum of 14 dental points to be accepted as fit. In order to assess the dental condition of an individual, points are allotted as under for teeth in good apposition with corresponding teeth in the other jaw.</p> <p>(i) Central incisor, lateral incisor, canine, 1<sup>st</sup>and 2<sup>nd</sup> premolars and under developed third molar 1 point each.</p> <p>(ii) 1<sup>st</sup> and 2<sup>nd</sup> molar and fully developed third molar 2 points each. When all 32 teeth are present there will be a total count 22 points.</p> <p>(b) The following teeth in good functional apposition must be present in each jaw:</p> <p>(i) Any four of the six anterior</p> <p>(ii) Any six of the ten posteriors</p> <p>(c) Candidates suffering from severe pyorrhea will be rejected. Where the state of pyorrhea is such that if the opinion of the Dental Officer is that it can be cured without extraction of teeth, the candidates may be accepted.</p> |                           |

**Remarks**

Date: \_\_\_\_\_ Signature of Dental Surgeon \_\_\_\_\_

**6. GYNAECOLOGY (For female candidates)**

|                       |                             |
|-----------------------|-----------------------------|
| (a) Mensural History  | (b) LMP                     |
| (c) No of Pregnancies | (d) No of Abortions         |
| (e) No of Children    | (f) Date of last conception |
| (g) Vaginal Discharge | (h) Prolapse                |
| (h) USG Abdomen       |                             |

**Remarks**

Date:

Signature of Gynecologist

**REMARKS OF MEDICAL BOARD**

It is certified that \_\_\_\_\_(Name of Candidate)  
son of/ daughter of \_\_\_\_\_(Name of  
Father/Mother/Guardian) has been examined by a Medical Board of above mentioned Doctors as per the medical  
standards laid down in this proforma and he/she is found **FIT / UNFIT** \_\_\_\_\_ for admission to **Sainik**  
**School** \_\_\_\_\_ as a cadet.

If candidate is found **UNFIT**, reason/s for same.....  
.....  
.....

Place:

Date (SEAL) CMO/Civil Surgeon

**NOTED BY CANDIDATE AND PARENTS / GUARDIAN**

|                                 |  |                                      |  |
|---------------------------------|--|--------------------------------------|--|
| Name of Candidate               |  | Signature of Candidate               |  |
| Name of Father/Mother /Guardian |  | Signature of Father/Mother/ Guardian |  |
| Date                            |  | Date                                 |  |